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Bowman & Associates

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p. 1

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PTO/SB/21 (04-04)

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

20

Application Number

10/085,499

Filing Date

February 27, 2002

First Named Inventor

Saksa

Art Unit

2643

Examiner Name

W. F. Brinley, III
PVO10044

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply <i>17 pages</i>	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<i>pro/SB/06 - 1 page</i>
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	<i>Bruce J. Bowman</i>
Signature	<i>Bruce J. Bowman</i>
Date	<i>6-7-04</i>

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Typed or printed name	<i>Bruce J. Bowman</i>
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PTO/SB/97 (08-03)

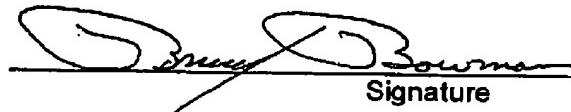
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1. PTO/SB/21 - 1 page
2. PTO/SB/06 - 1 page
3. Response - 17 pages

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PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Docket Number
10/085,499**CLAIMS AS FILED – PART I**

(Column 1) (Column 2)

FOR:	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	*
INDEPENDENT CLAIMS (37 CFR 1.16(d))	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

* If the difference in column 1 is less than zero, enter "0" in column 2.

SMALL ENTITYOR **OTHER THAN SMALL ENTITY**

RATE	FEES	RATE	FEES
X \$ _____	=	\$ _____	
X \$ _____	=	\$ _____	
X \$ _____	=	\$ _____	
+ \$ _____	=	\$ _____	
TOTAL		TOTAL	

CLAIMS AS AMENDED – PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	SMALL ENTITY	OTHER THAN SMALL ENTITY
				RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	19	Minus	** 20 = 0	X \$ _____ = 0	X \$ _____ = 0
Independent (37 CFR 1.16(d))	3	Minus	*** 3 = 0	X \$ _____ = 0	X \$ _____ = 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$ _____ = 0
				TOTAL ADD'L FEE	0

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	SMALL ENTITY	OTHER THAN SMALL ENTITY
				RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))		Minus	**	X \$ _____ =	X \$ _____ =
Independent (37 CFR 1.16(d))		Minus	***	X \$ _____ =	X \$ _____ =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$ _____ =
				TOTAL ADD'L FEE	TOTAL ADD'L FEE

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	SMALL ENTITY	OTHER THAN SMALL ENTITY
				RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))		Minus	**	X \$ _____ =	X \$ _____ =
Independent (37 CFR 1.16(d))		Minus	***	X \$ _____ =	X \$ _____ =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$ _____ =
				TOTAL ADD'L FEE	TOTAL ADD'L FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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